IN

| 'M     | 5 July Anter  |   |                            |                          |                |   |  | ved for use throug                          | h 7/31/2006. C              |                              |  |  |
|--------|---|---|----------------------------|--------------------------|----------------|---|--|---|-----------------------------|------------------------------|--|--|
| λ,     | Under My Par  | perwork Reducti                                       | on Act of 1995             | 5, no person are         | required to    | U.S. Par<br>respond to a collect  | tent and Tradema<br>ction of information | irk Office; U.S. DE<br>in unless it display | PARTMENT O<br>s a valid OMB | F COMMERCE<br>control number |  |  |
| TE     | IT & TRADE  |   | on 12/08/200               |                          |                | respond to a collection of information unless it displays a valid OMB control number  Complete if Known |  |   |                             |                              |  |  |
|        | Fees pursuant to t  |   |                            |                          |                | Application Number 10/689,098-Conf. #3  |  |   |                             |                              |  |  |
| ŀ      | FEE   | : TRA   | NSM                        | ITTAL                    | _              | Filing Date   |  | October 21, 2003                            |                             |                              |  |  |
|        |   | For F   | Y 200                      | 5                        |                | First Named Inventor  Examiner Name   |  | Shigeru Moriya S. D. Rosasco                |                             |                              |  |  |
| Ì      | Applicant   | Applicant claims small entity status. See 37 CFR 1.27 |                            |                          |                |   |  | 1756  |                             |                              |  |  |
| ŀ      |   | DTAL AMOUNT OF PAYMENT (\$) 130.00                    |                            |                          |                | Art Unit Attorney Docket No.  |  | SON-2413/DIV                                |                             |                              |  |  |
| [<br>[ | TOTAL AMOUNT OF FAMILIAN (4) 100:00 Among positions.  |   |                            |                          |                |   |  |   |                             |                              |  |  |
| ŀ      | METHOD OF PAYMENT (check all that apply)  |   |                            |                          |                |   |  |   |                             |                              |  |  |
|        | Check Credit Card Money Order None Other (please identify):  x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) |   |                            |                          |                |   |  |   |                             |                              |  |  |
|        |   |   |                            |                          |                |   |  |   |                             |                              |  |  |
|        |   |   |                            |                          |                |   |  |   |                             |                              |  |  |
|        |   | narge fee(s) i  |                            |                          |                | Cha   | rge fee(s) indi                          | cated below, e                              | xcept for th                | e filing fee                 |  |  |
| l      | Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   |   |                            |                          |                |   |  |   |                             |                              |  |  |
| ŀ      | FEE CALCUL  |   |                            |                          |                |   |  |   |                             |                              |  |  |
|        | 1. BASIC FILING   | G, SEARCH,  | AND EXA                    | MINATION F               | EES            |   | _  |   |                             |                              |  |  |
|        |   |   | FILIN                      | G FEES                   |                | ARCH FEES   |  | ATION FEES Small Entity                     |                             |                              |  |  |
| ı      | Application Ty  | <u>/pe</u>  | Fee (\$)                   | Small Entity<br>Fee (\$) | <u>Fee (\$</u> | Small Entit ) Fee (\$)  | <u>Fee (\$)</u>                          | Fee (\$)                                    | Fees P                      | aid (\$)                     |  |  |
|        | Utility   | •   | 300                        | 150                      | 500            | 250   | 200                                      | 100   |                             | <del></del>                  |  |  |
| l      | Design  |   | 200                        | 100                      | 100            | 50  | 130                                      | 65  |                             |                              |  |  |
| .      | Plant   |   | 200                        | 100                      | 300            | 150   | 160                                      | 80  |                             |                              |  |  |
| ł      | Reissue   |   | 300                        | 150                      | 500            | 250<br>0  | 600<br>0                                 | 300<br>0                                    |                             |                              |  |  |
|        | Provisional 2. EXCESS CLA   | IM FFF6   | 200                        | 100                      | U              | U   | U  | U   |                             | Small Entity                 |  |  |
|        | Fee Description   |   | . a Deiesuss               | `                        |                |   |  |   | Fee (\$)                    | Fee (\$)<br>25               |  |  |
| ı      | Each claim over<br>Each independe   |   | -                          |                          |                |   |  |   | 200                         | 100                          |  |  |
|        | Multiple depend   |   | r 5 (meradi                |                          |                |   |  |   | 360                         | 180                          |  |  |
|        | Total Claims  | Extra C   | laims                      | Fee (\$)                 | Fee f          | Paid (\$) Multiple Dependent Claims   |  |   |                             |                              |  |  |
|        | 4   |   |                            |                          |                |   | Fee                                      | Fee Paid (\$)                               |                             |                              |  |  |
|        | Indep. Claims<br>4  | Extra C   |                            | Fee (\$)<br>=            | Fee I          | Paid (\$)   | <del></del>                              |   |                             | _                            |  |  |
|        | 3. APPLICATIO  If the specifica  listings und   | N SIZE FEE<br>tion and drawer 37 CFR 1                | wings exce<br>.52(e)), the | application s            | ize fee du     | (excluding ele<br>le is \$250 (\$12<br>37 CFR 1.16(s  | 5 for small en                           | ed sequence or<br>tity) for each a          | computer<br>additional 50   | )                            |  |  |
|        | Total Sheet   | s <u>Ex</u>   | tra Sheets                 |                          |                | ditional 50 or fraction thereof Fee (\$)  |  |   | aid (\$)                    |                              |  |  |
|        | - 100 = /50 (round up to a whole number) x =  |   |                            |                          |                |   |  |   |                             | Paid (\$)                    |  |  |
|        | 4. OTHER FEE(<br>Non-English  |   | n, \$180 fe                | e (no small e            | ntity disc     | ount)   |  |   | 1 663 1                     | <u>ын (Ф)</u>                |  |  |
|        | Other (e.g., l  |   |                            |                          |                |   |  |   | 13                          | 0.00                         |  |  |
| ,<br>  | SUBMITTED BY  | <del>-/-</del>  | 1/                         | 7                        |                |   |  |   |                             |                              |  |  |
| Ì      | Signature   | //  | /                          |                          |                | Registration No.  | 24,104                                   | Telephone                                   | (202) 95                    | 5-3750                       |  |  |

| SUBMITTED BY      |           |         | ١ |                   | <br>                                 |        |           |                |
|-------------------|-----------|---------|---|-------------------|--------------------------------------|--------|-----------|----------------|
| Signature         | //        |         |   | $\mathcal{F}_{-}$ | Registration No.<br>(Attorney/Agent) | 24,104 | Telephone | (202) 955-3750 |
| Name (Print/Type) | Ronald P. | Kananen | 7 |                   |                                      |        | Date      | June 12, 2006  |